

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/786835**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
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48	/		/			
49	/		/			
50	/		/			
TOTAL IND.	21		13			
TOTAL DEP.	28		26			
TOTAL CLAIMS	30		39			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			/			
52			/			
53			/			
54			/			
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS